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SUDAN

The Center for Family and Human Rights (C-Fam) is a nongovernmental organization that was founded in 1997 and has held Special Consultative Status with the UN Economic and Social Council since 2014. We are headquartered in New York and Washington, D.C., and are a nonprofit, nonpartisan research and advocacy organization that is dedicated to reestablishing a proper understanding of international law, protecting national sovereignty, and the dignity of the human person.

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INTRODUCTION

1. In 2020, the ministers and high representatives of 34 countries met to launch the Geneva Consensus Declaration (GCD), in which they committed to promoting four objectives: improve women's health, protect human life, strengthen the family as the basic unit of society, and defend the sovereignty of nations concerning their laws and policies to protect life.[1] Sudan was one of the original signatories of the GCD. This report focuses on Sudan and its fulfillment of its commitments to human rights in the context of the four pillars of the GCD.

THE GENEVA CONSENSUS DECLARATION

2. The language of the GCD is drawn exclusively from documents agreed by consensus, including core UN human rights treaties, the founding documents of the UN such as the Universal Declaration of Human Rights (UDHR), and major meeting outcomes such as the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development.

PROTECTING WOMEN'S HEALTH

3. At the 1994 International Conference on Population and Development (ICPD), nations pledged "to enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."[2] This commitment is echoed in the GCD, alongside reaffirmations of the importance of women's equal rights and their contributions to society, both in terms of education, employment, and civic engagement and through the family. The unique and essential role of women as mothers was recognized in the Beijing Declaration and Platform for Action adopted at the 1995 UN Fourth World Conference on Women.[3] Both of these landmark conferences, as well as the subsequent Millennium Development Goals and Sustainable Development Goals, include commitments to reduce maternal and child mortality, and while significant progress has been made around the world, critical gaps remain, especially for those in the poorest, most remote, and resource-deprived areas.
4. According to the Maternal Mortality Estimation Inter-Agency Group (MMEIG), Sudan has seen a significant reduction in its maternal mortality ratio from 930 to 273 deaths per 100,000 live births between 2000 and 2020.[4] In 2023, according to the World Bank, the number had fallen to 256.[5] However, the situation remains extremely fragile, as ongoing conflict and mass displacement continue to strain Sudan's already weakened health system and leave many women without reliable access to prenatal, delivery, and emergency obstetric care. Severe shortages of functioning facilities, medicines, and trained healthcare workers have further heightened the risk of preventable maternal deaths and complications.[6] According to the World Health Organization (WHO), Sudan has 2.5 medical doctors per 10,000 people.[7] By comparison, the global average is 17 doctors per 10,000.
5. According to the World Bank, in Sudan, 48.7% of girls and 46.3% of boys complete lower secondary school as of 2019. These rates are higher than the average in Sub-Saharan Africa, and higher than the average of other low-income countries.[8] In 2018, the

literacy rate for youth ages 15–24 was 73%, which is slightly lower than the regional average.[9]

6. Sudan has continued to provide HIV prevention, testing, and treatment services despite severe disruption caused by the armed conflict that erupted in 2023. Community networks and international organizations helped sustain the HIV response, including reconnecting more than 4,000 people living with HIV to re-enrollment services and antiretroviral treatments. In 2023, more than 9,000 people accessed HIV testing services and over 9,600 individuals from key populations received HIV prevention services despite widespread instability and displacement. Prevention of vertical transmission services were also expanded in refugee settings through awareness campaigns, HIV testing for pregnant women, and worker training. However, the HIV response remains highly vulnerable due to ongoing conflict, stigma, and disruptions to healthcare access.[10]
7. Paragraph 44 of the Sudanese Constitution guarantees that "[e]very person has a fundamental right to life, dignity, and personal safety, which shall be protected by law. No person may be deprived of life arbitrarily."[11] However, abortion in Sudan is regulated under the Criminal Act of 1991. Article 135 criminalizes abortion but allows for limited exceptions like saving the life of the mother or when the pregnancy results from rape. Abortion, otherwise, is penalized by up to three years' imprisonment or a fine.[12] Abortion in Sudan is highly politicized and widely stigmatized, as it is closely linked in public discourse to "illegal pregnancy" and moral transgression under conservative Islamic norms around sexuality and marriage. As a result, it is largely absent from formal public debate.[13]
8. Sudan continues to face serious challenges in women's and girls' health and rights, particularly due to the high prevalence of female genital mutilation and child marriage. These remain widely practiced and have long-term health consequences, including complications in childbirth and increased maternal risk. Child marriage also persists in many communities, contributing to early pregnancy, school dropout, and heightened exposure to obstetric complications, reinforcing broader gender inequality and poor maternal health outcomes. Since the outbreak of conflict in 2023, these vulnerabilities have been intensified.[14]

PROTECTING HUMAN LIFE

9. As mentioned previously, abortion is considered taboo in Sudan and public opinion generally does not favor liberalizing the restrictions in the Criminal Code concerning abortion.
10. In its previous UPR cycles, Sudan has not received any recommendations explicitly calling for liberalization of its abortion laws. In its third UPR cycle, it received a recommendation from Burkina Faso to reduce maternal mortality by providing maternal and reproductive health services. This was marked by Sudan as "supported," as "reproductive health," in line with the ICPD, does not include a right to abortion. Sudan also supported recommendations calling for the criminalization and prevention of female genital mutilation.[15]
11. Sudan's policy responses are consistent with its human rights obligations as set out in the binding human rights treaties ratified by Sudan as well as other international agreements. The ICPD, as quoted in the GCD, states that "any measures or changes related to abortion

within the health system can only be determined at the national or local level according to the national legislative process." The standard set at the ICPD has been repeatedly reaffirmed by international consensus, including at the adoption of the Sustainable Development Goals. No global human rights treaty ratified by Sudan asserts a human right to abortion, or could reasonably be interpreted as including such a right.

12. As a signatory to the Geneva Consensus Declaration, Sudan has expressed its position that abortion is not an international human right. It is therefore consistent with this position that Sudan and other members of the GCD coalition reject any and all UPR recommendations to liberalize their abortion laws, as such recommendations are not only inconsistent with national laws and priorities but also outside the scope of internationally agreed human rights standards and obligations.

SUPPORT FOR THE FAMILY

13. The GCD reaffirms the obligations of States regarding the family enshrined in international law, including the definition of the family as "the natural and fundamental group unit of society" and the recognition that it is "entitled to protection by society and the State." Signatories to the GCD further committed to "support the role of the family as foundational to society and as a source of health, support, and care."[16]
14. As summarized in the Family Articles, a project of the coalition Civil Society for the Family, the right to found a family is based on the union of a man and a woman, and "Relations between individuals of the same sex and other social and legal arrangements that are neither equivalent nor analogous to the family are not entitled to the protections singularly reserved for the family in international law and policy."[17]
15. In its second and third UPR cycles, Sudan received several recommendations that explicitly referred to sexual orientation and gender identity. These included recommendations to decriminalize same-sex sexual relations and eliminate discrimination on the basis of these categories. All of these recommendations were marked as "noted" by Sudan.[18,19]
16. All human beings possess the same fundamental human rights by their inherent dignity and worth, including the right to equal protection of the law without any discrimination.[20] Individuals who identify as lesbian, gay, bisexual, transgender, queer, etc., are protected from violence and discrimination to the same extent as any individual under the equal protection principle in human rights law. However, they are not entitled to special protections based on their sexual preferences and subjective gender identity as such.

NATIONAL SOVEREIGNTY

17. As stated in the GCD, about the legal status of abortion and the protection of the unborn, it is a matter of longstanding consensus that "each nation has the sovereign right to implement programs and activities consistent with their laws and policies." However, opposition to this sovereign right of countries has become increasingly commonplace in those parts of the United Nations system governed more by expert opinion or bureaucratic oversight than by the standard of negotiated consensus. There is no global mandate to pressure countries to liberalize their abortion laws or expand the categories for non-discrimination as a matter of international human rights law about, for example,

sexual orientation or gender identity, and to the extent that mandate-holders engage in such behavior, they do so *ultra vires*.

18. Nevertheless, the frequency of such pressure has only increased toward countries whose laws restrict abortion to protect the unborn, or which maintain a traditional view of marriage and the family, in line with the human rights obligations expressed in the binding treaties they have ratified. Such nonbinding opinions have been elevated in many parts of the UN, although they have never been accepted nor adopted by consensus in the General Assembly.
19. The GCD, by anchoring its every assertion in a document adopted by consensus, reaffirms the centrality of the family, the rights of women and children, and the fact that these rights are not upheld by abortion, and the importance of national sovereignty, especially in those places where global consensus does not exist.
20. Unlike other UN human rights mechanisms, the UPR provides a space for sovereign nations to speak to each other and provide encouragement to fulfill their human rights obligations. To the extent that this venue has been used to exert further pressure on countries to liberalize their abortion laws or redefine the family as a matter of national law and policy, global consensus on these matters must be upheld and promoted in the UPR as well, particularly by those countries that have already taken a stand in this regard by signing the GCD.

CONCLUDING RECOMMENDATIONS

21. We encourage Sudan to continue to improve maternal and child health outcomes, including by increased investment in the training and provision of medical professionals and expanding access to skilled birth attendants, nutrition, and accessible services for those in rural and remote areas. Following Sudan's commitments in the Geneva Consensus Declaration, this does not require the inclusion of abortion.
22. Sudan should also focus on remedying the civil conflict and strengthening protections against female genital mutilation and child marriage.
23. Sudan should continue to assert the fact that abortion is not a human right in the context of multilateral negotiations, as well as in the Universal Periodic Review, following the Geneva Consensus Declaration, and continue to call on its fellow signatories to do likewise. Likewise, Sudan should continue to advocate for the protection and respect for all human life, from conception to natural death.

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[3] United Nations Fourth World Conference on Women. (1995). "Beijing Declaration and Platform for Action" (Annex II, Paragraph 29). Beijing.

[4] World Health Organization, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division. Trends in maternal mortality 2000 to 2020. Available at https://www.who.int/publications/i/item/9789240068759

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[8] The World Bank, Gender Data Portal, ibid.

[9] The World Bank. Human Capital Country Brief: Sudan. October 2023. Available at https://thedocs.worldbank.org/en/doc/64e578cbeaa522631f08f0cafba8960e-0140062023/related/HCI-AM23-SDN.pdf

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[14] Ibid.

[15] United Nations Human Rights Council. Report of the Working Group on the Universal Periodic Review: Sudan. April 20, 2022. Available at https://docs.un.org/A/HRC/50/16

[16] Geneva Consensus Declaration, ibid.

[17] Civil Society for the Family. The Family Articles. Available at https://civilsocietyforthefamily.org/

[18] Report of the Working Group on the Universal Periodic Review: Sudan. July 11, 2016. Available at https://undocs.org/A/HRC/33/8

[19] Report of the Working Group on the Universal Periodic Review: Sudan. April 20, 2022. Available at https://undocs.org/A/HRC/50/16

[20] United Nations. Universal Declaration of Human Rights. 1948. Available at https://www.un.org/en/about-us/universal-declaration-of-human-rights